Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 03/16/2016 HAL025020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4522 OLD CHERRY POINT ROAD CROATAN VILLAGE NEW BERN, NC 28560 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report of Biennial Construction Survey by Frank Strickland and Greg Cates on 03/16/2016: Information obtained from the DHSR database indicates that this facility was licensed on 08/22/1997 as a HA. This facility is currently licensed for 72 Beds including a 18 Bed Special Care Unit. Therefore, this facility was surveyed for conformance with the applicable portions of the Minimun Standards and Regulations for the 1996 Rules for the Homes for the Aged, 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 (1997 Revision) Edition, of the North Carolina State Building Code(s), Institutional Occupancy. Deficiencies have been cited and a Plan of Correction is required. C 164 Housekeeping and Furnishings-Clean, Repaired C 164 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; The emergency lighting fixtures (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing that did not illuminate when facilities. tested on emergency mode This Rule is not met as evidenced by: located in the activity room 1-Based on observations, the facility emergency have been repaired. Maintenance illumination has not been maintained in a safe Director will monitor monthly 3/31/16 manner. This would affect all residents, staff and visitings guests by not providing illumination in the for compliance. paths of egress in the event of an emergency.

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DWWLA

(X6) DATE

689

If continuation sheet 1 of 4

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 03/16/2016 B. WING HAL025020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4522 OLD CHERRY POINT ROAD CROATAN VILLAGE NEW BERN, NC 28560 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 164 C 164 Continued From page 1 Findings on 03/16/2016: The emergency lighting fixtures did not illuminate when tested on the emergency mode located in The mechanical exhaust the Activity Room. fans that were not exhausting interior air in 2-Based on Observation, the facility failed to the staff break room provide an environment in accordance with this Rule by not providing ventilation where odors are bathroom, guest bathrooms generated. This could affect residents and staff and resident room 112 have by subjecting them to house-keeping odors. been repaired. Maintenance 3/31/16 director will monitor monthly Findings on 03/16/2016: The mechanical exhaust fans are not exhausting for compliance. interior air in the following locations: (a) Staff Break Room Bathroom The exhaust grilles that were (b) Guest Bathrooms (c) Resident Room 112 identified with particulate build-up in Rooms 301-309 3-Based on observation, the facility has not maintained and serviced the HVAC supply and will be cleaned and monitored 4/30/16 return air grilles. on a monthly basis by Maintenance Director for Findings on 03/16/2016: The exhaust grilles have excessive particulate compliance. build-up in Rooms 301-309 bathrooms. 4-Based on observation, the facility has not Oxygen bottles located in maintained in a safe manner by improper storage of oxygen cyclinders. This could affect all Room 408 have been placed residents and staff by potentially exposing them in proper storage racks as to hazards for a ruptured ruptured cyclinder. required for compliance. 3/31/16 Findings on 03/16/2016: Healthcare Coordinator There are 3 oxygen bottles in the corner of Room or designee with monitor 408 not in racks. all residents on oxygen 5-Based on observation, the facility has not

maintained electrical ground-fault protection in

monthly for compliance .

7L2I21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING: 01		B) DATE SURVEY COMPLETED	
		HAL025020	B. WING		03/16/2016	
	PROVIDER OR SUPPLIER	4522 OLD	DRESS, CITY, S CHERRY PC RN, NC 28560			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
	Continued From page 2 wet areas. Findings on 03/16/2016: There were 2 GFCI receptacles located in the Interior Courtyard that did not reset upon testing.		located in the interior courtyard that were not resetting have bee replaced. Maintenance Director will monitor	courtyard that were not resetting have been replaced. Maintenance	3/31/16	
C 189	SECTION .0300 - 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and picare home shall be operating condition (k) This Rule shall facilities with the expension of the second seco	ind all fire safety, electrical, elumbing equipment in an adult e maintained in a safe and	C 189	GFCI receptacles on a monthly basis to insure they are resetting as required.		
	1-Based on observe maintain in a safe of smoke barrier door the Fire-rated door residents and staff smoke in the fire control of the following door not operating and reacility did not close to prevent the pass alarm test that is lot the rear. (b) The smoke-bar Resident Service Exercises 1.	s at the locations indicated are		The smoke barrier doors cited during the survey will be repaired to insure that they close all the way and latch properly to prevent the passage of smoke during the fire alarm test or an actual fire. Maintenance Director will monitor monthly for compliance.	4/30/16	

7L2I21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

(X3) DATE SURVEY COMPLETED

(X4) PROVIDER/SUPPLIER/CLIA A. BUILDING: 01

(X3) DATE SURVEY COMPLETED

(X4) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CROATAN VILLAGE

4522 OLD CHERRY POINT ROAD NEW BERN NC 28560

CROATAN VILLAGE NEW BERN, NC 28560						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE		
C 189	Continued From page 3 passage of smoke during the fire alarm test. (c) The Main Laundry entry door drags on the floor and does not latch.	C 189				

Division of Health Service Regulation